JUL 1 9 2004

STATEMENT OF ORGANIZATION

JUL 15 2004

CECETOR POLITICAL ACTION COMMITTEES	AND PARTY COMMITTEES TOPEKA, KANSAS 63612
(G. 'D G': - F Y	
(See Reverse Side For Instru	
This is a (check one) Party Committee	Political Action Committee
This is an (check one) Initial Statement	Amended Statement
COMMITTEE (PLEASE TYPE OR PRI)	NT)
Name KC DOCS PAC KS East	
Mailing Address (Street, City, State, Zip Code)	Business Telephone (816) 221-4646
CHAIRPERSON	
Name Make Allen Mi)	Home Telephone
Mailing Address (Street, City, State, Zip Code)	Business Telephone
TREASURER	
Name 1.	Home Telephone
Jim Kelly mo	()
Mailing Address (Street, City, State, Zip Code)	Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Mid america Medical alliliates	7
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an organization, identify the trade, pro	efession, or primary interest of the contributors.
CIONIA TUDE.	
SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge and	
belief is true, correct and complete. I understand that the intentional failure to file this document	
or intentionally filing a false document is a class A misdemeanor."	
(Signature of C	les be Wrikklen mp
Governmental Ethics Commission	Rev.2000